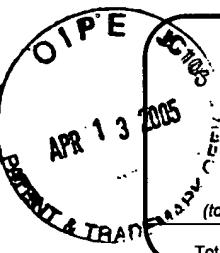


LFW 8/



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

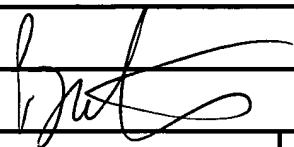
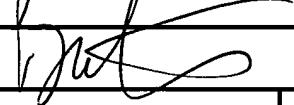
Total Number of Pages in This Submission

Application Number	08/879,827
Filing Date	June 20, 1997
First Named Inventor	Jofuku
Art Unit	1648
Examiner Name	Mary E. Mosher
Total Number of Pages in This Submission	4
Attorney Docket Number	02307O-067210US

ENCLOSURES (Check all that apply)

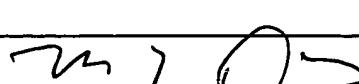
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Request for Certificate of Correction; PTO-1050
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

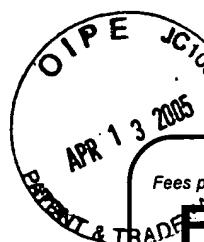
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kevin Bastian 		
Date	4-11-2005	Reg. No.	34,774

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Mark T. Davis
Date	4-11-2005



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100)

Complete if Known

Application Number	08/879,827
Filing Date	June 20, 1997
First Named Inventor	Jofuku
Examiner Name	Mary E. Mosher
Art Unit	1648
Attorney Docket No.	023070-067210US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)
Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50
25

Multiple dependent claims

200
100

360
180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

-20 or HP = _____ x _____ = _____

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

-3 or HP = _____ x _____ = _____

Fee (\$) **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

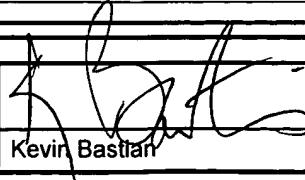
Non-English Specification, \$130 fee (no small entity discount)

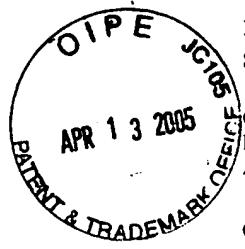
Other: Request for Certificate of Correction

Fees Paid (\$)

100

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,774	Telephone	415-576-0200
Name (Print/Type)	Kevin Bastian			Date	4/11/2005



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On April 11, 2005

TOWNSEND and TOWNSEND and CREW LLP

By:

Mark T. Davis

PATENT
Attorney Docket No. 02307O-067210US
Client Ref: 1996-170-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

K. Diane Jofuku et al.

Patent No.: 6,846,669 B1

Filed: June 20, 1997

For: METHODS FOR IMPROVING
SEEDS

Examiner: Mary E. Mosher

Art Unit: 1648

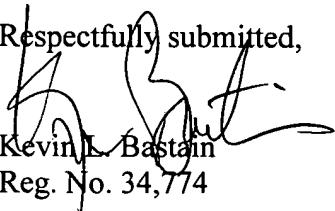
**REQUEST FOR CERTIFICATE OF
CORRECTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.322, Applicant submits a Request for Certificate of Correction per the accompanying form PTO-1050, correcting an omission inadvertently made in the specification. Commissioner is authorized to deduct the fee for this request from deposit account 20-1430, in accordance with the accompanying Fee Transmittal PTO/SB/17.

Respectfully submitted,


Kevin L. Bastain
Reg. No. 34,774

04/14/2005 BABRAHA1 00000009 201430 08879827
01 FC:1811 100.00 DA

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200
Fax (415) 576-0300
KLB:mtd 60464216

(Also Form PTO-1050)

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : **6,846,669 B1**
DATED : **January 25, 2005**
INVENTOR(S) : **K. Diane Jofuku et al.**

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the specification, column 1, beginning at line 8, kindly insert --

This invention was made with Government support under Grant No. GM46309 and GM08132, awarded by the National Institutes of Health. The Government has certain rights in this invention.--

MAILING ADDRESS OF SENDER:

Kevin L. Bastian, Reg. No. 34,774
Townsend and Townsend and Crew, LLP
Two Embarcadero Center, 8th Floor
San Francisco, CA 94111-3834
60464222 v1

PATENT NO. 6,846,669 B1

Burden Hour Statement: This form is estimated to take 1.0 hour to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.